

MEMO

To: City Council, City Manager
From: Mary Lynn Williams, Acting City Clerk
Date: December 2, 2010
Subject: Special Events Liquor Permit for Delta County Memorial Hospital Foundation

Recommendation

Staff recommends approval of a special events liquor permit for Delta County Memorial Hospital Foundation for their fund raiser scheduled at 1501 E. 3rd Street on February 11, 2011.

Background

The Delta County Memorial Hospital Foundation has submitted an application for a special events liquor permit for their fund raiser to be held in the building which houses the oncology department and is located just north of the main hospital building. The application specifies that they plan to sell alcoholic beverages from 3:00 p.m. on February 11, 2011 until 2:00 a.m. on February 12, 2011.

The application is complete and the fees - \$35 to the City and \$25 to the State – have been paid.

A sign notifying the public of this hearing has been posted at the site for at least ten days as required by law. As of the writing of this memo, no comments, either for or against the approval of the application, have been submitted.

Cost

There is no cost to the City to renew this license.

Action to be Taken if Approved

The Mayor and Clerk will sign the renewal application, and the Clerk will mail it to the State, who will review the application and issue the permit.

Suggested Motion

I move to approve Delta County Memorial Hospital Foundation's application for a special events liquor permit for February 11, 2011.

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT
AND ONE OF THE FOLLOWING (See back for details.)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC | <input checked="" type="checkbox"/> PHILANTHROPIC INSTITUTION |
| <input type="checkbox"/> FRATERNAL | <input type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER | <input type="checkbox"/> POLITICAL CANDIDATE |
| <input type="checkbox"/> PATRIOTIC | <input type="checkbox"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS FACILITIES |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | |

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:
2110 ☒ MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY
2170 ☐ FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

Delta County Memorial Hospital Foundation

State Sales Tax Number (Required)

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

*1501 E. 3rd St
Delta, CO 81416*

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

*1501 E 3rd St.
Delta, CO 81416*

NAME

DATE OF BIRTH

HOME ADDRESS (Street, City, State, ZIP)

PHONE NUMBER

4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE

Carol Weisberg-Pres.

12-22-38

3603 Cedar Rd Delta, CO

814-9215

5. EVENT MANAGER

Helene Starnes

4-14-34

135-83 7 Rd. Delta

814-3242

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN
ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☐ NO ☒ YES HOW MANY DAYS? *1 day*

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☒ NO ☐ YES TO WHOM? _____

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? ☒ Yes ☐ No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
<i>2-11-2011</i>				<i>2-12-2011</i>											

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

SIGNATURE

Norathy Angelder

TITLE

Vice-President

DATE

11/17/2010

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

☐ CITY

☐ COUNTY

TELEPHONE NUMBER OF CITY/COUNTY CLERK

SIGNATURE

TITLE

DATE

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number

Liability Date

State

TOTAL

-750 (999) \$

**OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO
CERTIFICATE OF REGISTRATION**

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

DELTA COUNTY MEMORIAL HOSPITAL FOUNDATION

is a **Charitable Organization** registered to solicit contributions in Colorado as required by the Colorado Charitable Solicitation Act, Title 6, Article 16, C.R.S.

This organization has been assigned a registration number of 20043003790.

The status of its registration is **GOOD**, and this status has been in effect since 08/12/2010.

The organization's registration is or was due to be renewed by 05/15/2011.

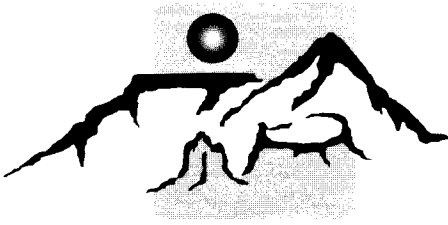
Registrations in good or delinquent status remain valid until the registration becomes suspended or revoked. An organization whose registration has been suspended is prohibited by law from soliciting contributions, providing consulting services in connection with a solicitation campaign, or conducting a solicitation campaign in Colorado.

This certificate reflects facts established or disclosed by documents delivered to this office electronically through 11/16/2010.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the Great Seal of Colorado, at the City of Denver on 11-16-2010 13:32:08




Secretary of State of the State of Colorado



DELTA COUNTY
Memorial
HOSPITAL

November 16, 2010

To Whom It May Concern:

On behalf of Delta County Memorial Hospital, the Delta County Memorial Hospital Foundation has permission to utilize the Oncology and Education Building to hold the upcoming Foundation Event on February 11, 2011.

Tom Mingen, Administrator
Delta County Memorial Hospital

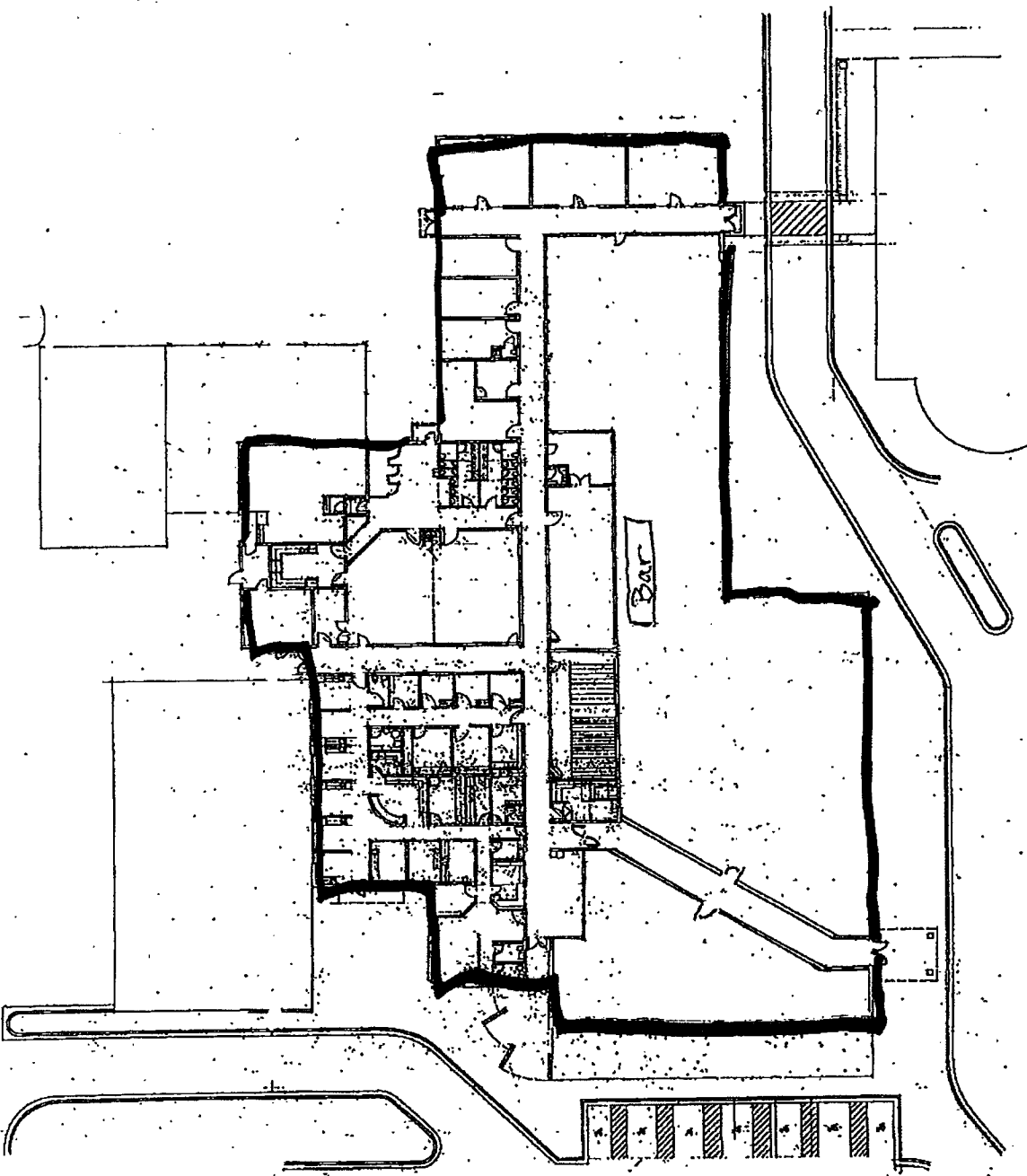
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Thomas R. Chubb, Architect
 14401 6215 Road
 Houston, Texas 77055
 713-240-5955 (Phone & Fax)

REMODEL OF OLD DELTA MEMORIAL HOSPITAL

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1. OVERALL REMODELED FLOOR PLAN
 10/1/00